

**UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT**  
**NOTICE OF APPEAL NOTIFICATION FORM**  
Please Fill Out Completely

April 21, 2008

**CASE INFORMATION:**

Short Case Title: JOSEPH BIVINS-v- M C KRAMER

Court of Appeals No. (leave blank if a unassigned)

U.S. District Court, Division & Judge Name: NORTHERN DISTRICT OF CALIFORNIA,  
SAN FRANCISCO DIVISION

Criminal and/or Civil Case No.: CV 07-05643 MHP

Date Complaint/Indictment/Petition Filed: 11/6/07

DateAppealed order/judgment *entered*: 3/5/08

Date NOA *filed*: 3/27/08

Date(s) of Indictment Plea Hearing Sentencing

COA Status (check one):  granted in full (attach order)  denied in full (send record)  
 granted in part (attach order)  pending

Court Reporter(s) Name & Phone Number: NONE

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*Magistrate Judge's Order? If so, please attach.*

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**FEES INFORMATION**

Date Docket Fee Paid: Date Docket Fee Billed:

Date FP granted: Date FP denied:

Is FP pending?  yes  no Was FP limited ? Revoked ?

US Government Appeal?  yes  no

Companion Cases? Please list:

*Please attach copy of any order granting, denying or revoking FP.*

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**COUNSEL INFORMATION** (Please include email address)

Appellate Counsel: Appellee Counsel:

JOSEPH BIVINS - B-63111

FOLSOM STATE PRISON

NO APPEARANCE

P.O. BOX 950

FOLSOM, CA 95763

retained  CJA  FPD  Pro Se  Other      *Please attach appointment order.*

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**DEFENDANT INFORMATION**

Prisoner ID: Address:

Custody:

Bail:

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**AMENDED NOTIFICATION INFORMATION**

Date Fees Paid: 9th Circuit Docket Number:

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Name & Phone Number of Person Completing this Form: Gina Agustine-Rivas  
(415) 522-2087